



**Elk Grove Community Services District
Department of Parks & Recreation
Facility Reservation / Use Permit
AQUATICS ONLY**

Please check the following location you wish to reserve:

- | | |
|--|---|
| <input type="checkbox"/> Wackford Community Aquatic Complex
9014 Bruceville Rd
Elk Grove, CA 95758
(916) 405-5600
Fax (916) 405-5657
www.egcsd.ca.gov | <input type="checkbox"/> Jerry Fox Swim Center
9950 Elk Grove – Florin Rd
Elk Grove, CA 95624
(916) 405-5600
Fax (916) 405-5657
www.egcsd.ca.gov |
|--|---|

General Information (please print)

Contact Person _____ Organization _____
Address _____ City _____ Zip _____
Day Phone _____ Evening _____ Cell _____
Alternate contact _____
Day Phone _____ Evening _____ Cell _____

Event Information

Date(s) _____ Day(s) of Week _____
Time in facility: From: _____ am/pm To: _____ am/pm
Attendance # _____
Description of Event (i.e. swim meet, reservation, company picnic):

PLEASE READ BEFORE SIGNING – INDEMNITY AND HOLD HARMLESS

The applicant and/or organization is solely responsible for the event conducted within the facility and shall bear financial responsibility for all damages to District's property, or for any claims made as a result of any accidents or injuries to the permittee, guests, or invitees or any person providing services to the applicant and/or organization. Applicant and/or organization shall be responsible for the control and supervision of the people in attendance during the use of the facility and shall see that no damage is done. Any violation of this provision may result in denial of further permits and financial loss. Permittee shall assume the defense of and indemnify and save harmless the District, its officers, employees, and agents from all claims, loss, damage, injury and liability of every kind, nature, and description directly or indirectly arising from the performance of his operations under this Agreement. Acceptance by the District of the Insurance Certificate does not relieve the Permittee from liability under the indemnity and Hold Harmless Clause.

I have read the above Reservation Policies and Regulations and agree to abide by all of the conditions of this application and of any contract or permit issued based on this application.

Signature _____ Date _____

Deposit / Payments

1. Full payment is required to reserve the date upon completion of permit.
2. No refunds will be issued if cancellation occurs within two weeks of event.

Insurance and Permit Requirements

The Renter **DECLINES** OPTIONAL LIABILITY PROTECTION and ASSUMES DAMAGE RESPONSIBILITY.

- 1) The purchase of supplemental liability protection is optional and not required.

Initial **DECLINES OPTIONAL LIABILITY PROTECTION**

The Renter **ACCEPTS** OPTIONAL LIABILITY PROTECTION at the daily fee of

\$ _____

- 1) The Certificate of Insurance and necessary Permits are due no later than 60 days prior to the event. A Homeowner's or Tenants Insurance policy can usually provide insurance for your rental. Check with your insurance agent.
- 2) The Certificate of Insurance must be in the name of the person/organization who signs the permit. It must also clearly show the liability limits and policy dates to be valid.

Initial **ACCEPTS OPTIONAL LIABILITY PROTECTION**

Permits Required

_____ **Liquor License.** This is required when alcoholic beverages are sold to the public. Contact the Alcoholic Beverage Commission. (916) 227-2002

_____ **Sales Permit.** This is required when a commodity is sold to the public (not food or beverage). Contact the State Board of Equalization (916) 227-6700

_____ **Non-Profit Status Form.** Required to receive non-profit rental rates. Form provided by Wackford Community Complex Staff.